



CONSULAR SECTION

**U.S. Embassy
P.O. Box 302
Bridgetown, Barbados**

Fax: (246)-431-0179

Telephone: (246)-431-0225

STATEMENT OF CONSENT: ISSUANCE OF A U.S. NONIMMIGRANT VISA TO A MINOR UNDER AGE 16

1. Minor's Name:
2. Minor's Date of Birth:
3. Your Relationship to Minor:
4. Statement of Consent:

I, _____, give my consent to the issuance of a
US visa to my minor child named on this application.

OATH: I declare under penalty of perjury that all statements made in
this supporting document are true and correct.

Signature of Parent

Date

Notary Signature

Date